

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

Vol. XIII.

LOUISVILLE, JUNE 24, 1882.

No. 25.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D., }

AMERICAN MEDICAL ASSOCIATION.

In our last issue we gave a short account of the most important transactions of the St. Paul meeting. We are enabled this week to give lengthy abstracts of some papers culled from the mass of material offered.

The committee on journalizing the Transactions made a long yet business-like and satisfactory report, which, after a day's interval, was accepted with some modifications as expressed in the resolutions offered by Dr. N. S. Davis, of Chicago, which were as follows:

Resolved, That the interests of the Association would be promoted by the publication of its transactions in a weekly medical journal under its own control, instead of in an annual volume as heretofore, provided it could be done without involving pecuniary embarrassment, or so far engrossing its funds as to prevent the annual encouragement of original investigations by its members.

Resolved, That so much of the report of the committee on journalizing the transactions as relates to the increase of membership of this Association by applications from members of State and local societies be and the same is hereby approved.

Resolved, That so much of the report of the committee on journalizing the transactions of the Association as relates to the appointment of a board of trustees, nine in number, and their duties, be and the same is hereby adopted; and that the president of the Association now appoint a special committee of seven to recommend to this meeting of the Association the names of nine members for election to constitute said board of trustees.

Resolved, That the board of trustees so appointed be requested to present, as early as it is possible to agree upon, a plan of a medical journal, to be called the

VOL. XIII.—No. 25

Journal of the American Medical Association, and to send circulars explaining such plan, and asking pledges of support by actual subscription to the members of the medical profession throughout the whole country, and thereby ascertain as reliably as possible what degree of support the proposed journal can have as a basis for commencing its publication. And that said board also proceed to ascertain and agree on the best methods of publishing said journal, the best editorial services it can secure to take charge of the work, and the best plans for its issue.

Resolved, That said board of trustees be and are hereby instructed under all circumstances, in whatever plans or contracts it proposes to adopt, to retain the entire control over the use of the advertising as well as of all other pages of the journal that is proposed to be established, and that said board report in full at the next meeting of this Association the plans upon which it has been able to agree, together with the response of the profession to its circulars asking actual subscriptions to the proposed journal; and that the constitutional amendments proposed by Dr. Packard last year be continued on the table until the report of the board of trustees is received and acted upon.

Resolved, That the treasurer of this Association is hereby authorized to pay out of funds in the treasury the necessary expenses of the board of trustees in printing and distributing its circulars and in conducting its proper correspondence.

Resolved, That the Committee of Publication proceed to publish the proceedings and transactions of the present meeting in a volume as heretofore, using all diligence to give it an early distribution to those entitled to receive it.

Continuing his remarks, Dr. Davis said that, having paid the most careful attention to the subject, he was not certain as to the success in this country. These resolutions are for the purpose of seeing if it can be done with a good, harmonious board of trustees, and the resolutions so cover it that in case they fail it will be provided for. We refer to the British Medical Journal as an

example of success. Great Britain is hardly larger than one of our States. While on the Continent there are twenty places desiring to be the center of medical knowledge, in England it is condensed. Here we must have a most harmonious committee. If they are procured and can act, the success is certain, and at the close of the year further arrangements can be made.

Concerning the financial outlook of the enterprise, the report of the committee states:

According to the last census returns, it would appear that the number of practicing physicians in the United States is in the neighborhood of ninety thousand. Perhaps this estimate is too high; but, assuming it to be approximately correct, it may be supposed that more than one half, say fifty thousand, belong to the "regular" profession. Now, if three thousand of these should become members of the Association upon the terms above stated, the mere expenses of the journal would be provided for, and there seems to be no extravagance in such an expectation.

In the foregoing discussion of the expenses of the proposed journal, and the means of meeting them by the Association, it will perhaps have been noticed that we have said nothing of the revenue likely to accrue from the advertising columns, which would be an important offset to the cost of the work, but one of which it would be difficult to make a correct or nearly correct estimate; yet it should not be wholly overlooked, and would probably be an element of much consequence in the calculations of any publisher with whom an arrangement might be contemplated.

MISCELLANY.

TOO MANY DOCTORS.—We select the following from the *Chicago Med. Journal and Examiner*:

A physician of Brooklyn was arrested recently for picking a lady's pocket in a street-car. He was found to be one of the numerous poor devils with M.D. attached to their names, who to save their lives can not drum up a practice. Dr. Lamson, the English-American murderer, was driven to crime by his necessities. He could not earn his salt in the practice of medicine. There are hundreds of M.D.s in New York and Brooklyn who are almost starving to death. Many of them do not deserve to succeed. Many of the charlatans, quacks, and incompetents

fare badly, while others flourish finely right alongside well-equipped and worthy professionals who can hardly keep soul and body together.

Two facts have for years been painfully apparent to the profession in New York: the ranks are fearfully overcrowded, and the standard of competency altogether too low. . . . On Thirteenth Street, between Second and Third avenues, just one block, I recently counted the signs of fifteen physicians. There is no trade or profession in New York that is more overcrowded than the ranks of the medical men. The doctors and surgeons who are making fortunes may be counted upon one's fingers. Perhaps one in ten of the profession are earning first-rate livings. The great majority find their professional returns meager enough. Many of them could not live upon the scanty doctor's fees they receive. They combine some other business with doctoring, or engage in some branch of the medical art outside the limits of legitimate practice. Not a few doctors' wives support the family by keeping boarders. I could mention the names of two or three men of fair medical attainments who have so utterly failed to build up a desirable practice that they have moved into the neighborhood of cheap bawdy houses for the purpose of securing the lowest sort of practice. There are a good many men not recognized by the regular profession, who were originally ambitious to build up a legitimate practice, but whose adversities have so crushed and debased them that they have become charlatans, quacks, and abortionists, not so much by choice as from a grinding necessity to win bread by foul if they can not by fair means. Then in the ranks there are hundreds whose general attainments are meager, and whose special medical training is no better. They are humbugs by nature and practice, and able to impose only upon the weakest and most illiterate of the people.

It is true that "there is room enough higher up;" but this is very poor encouragement for ninety-nine in a hundred medical students, for do what they will, in New York city at least, they never can get "up higher." The men who achieve great success there in medicine are men of marked individuality of character, who have qualities of mind and manner which raise them inevitably above the mass. They would have succeeded just as well in whatever other pursuit they had chosen to enlist their energies. Many of them had a terribly bitter struggle at first. One physician, whose income

is sixty thousand dollars per annum, earned an average of less than seven hundred dollars a year for the first three years of his practice. I think that his great success is due more to his knowledge of human nature and his splendid business ability than to his proficiency in medicine. But the majority of young medical graduates who go there full of hope and enthusiasm, totally ignorant of the fact that medicine is already overcrowded, confidently expecting a brilliant career, find the bitterest difficulties in the way of their progress. There are a good many of them who, after a few years' conflict with inexorably adverse circumstances, abandon the fight defeated, and return to industries which will at least put bread into their mouths.

THE SEQUELÆ OF MEASLES.—In a recent number of the Medical Record Dr. V. P. Gibney, of New York, discusses the sequelæ of measles, with special reference to the development of a strumous diathesis. He draws the following conclusions: 1. Measles is not by any means a trivial disease. 2. Measles, and indeed any of the exanthemata, with whooping-cough especially included, are to be dreaded in patients suffering from chronic bone- and joint-diseases commonly known as scrofulous. 3. Measles and whooping-cough take precedence among all diseases of infancy and childhood in the evolution of a hereditary strumous diathesis. 4. A strumous diathesis may be caused by an attack of measles or of whooping-cough in a child whose family history, both paternal and maternal, is absolutely free from hereditary diseases. J. B. M.

ABNORMAL STYLOID PROCESS AS A CAUSE OF DIFFICULTY IN SWALLOWING.—In No. 5 of the *Wien. Med. Woch.* Prof. Wienlecher relates two cases which have occurred to him during the course of his practice, in which a hard body, causing some pain and some difficulty in swallowing, was found on examination with the finger to consist in a prolongation of the styloid process from a commencing ossification of the stylo-hyoid ligament. Both occurred in women, and in one of the cases he gave relief by making firm pressure and producing an audible fracture of the body, although in a few months the inconvenience recurred and was relieved in a similar manner. In the other case the inconvenience had persisted for three years, and an attempt to produce a fracture failed. —*Med. Times and Gazette.*

CARBOLIC ACID IN URINE.—Dr. Tommasi gives the following method of testing for carbolic acid in urine, as being free from the fallacies of some other methods: First, prepare an acid solution containing fifty cubic centimeters each of hydrochloric acid and of distilled water, to which add twenty centigrams of potassium chlorate. Secondly, shake up equal volumes of the urine and ether in a test-tube; let the ether rise, and decant it from the urine; the ether contains now the carbolic acid. Thirdly, dip a chip of deal or piece of match-wood in the decanted ether until it is soaked, then quickly into the acid solution; then expose to sunlight. The presence of the carbolic acid is shown by a blue coloration of the chip. If there be none present, a faint greenish color may appear. One six-thousandth part of carbolic acid may be thus detected. The chip must not be too long exposed to the sun, and the acid solution should be freshly made. —*L'Imparziale; Lond. Pract.*

NEW MATERIAL FOR THE DRAINAGE OF DEEP WOUNDS.—At a meeting of the Philadelphia Academy of Surgery Dr. Levis presented a new material for the drainage of deep wounds. He referred to the disadvantages of the india-rubber tubes as generally used for this purpose, and stated that they soon became occluded by viscid matters. Their previous condition is soon lost, and their contents become septic and sources of danger. The material which he uses exclusively is simply threads of india-rubber such as are used in weaving elastic textures. Their softness and pliability render them mechanically unirritating. Any number may be introduced, varying with the extent of the suppurating cavity; and, if desired, they can be removed singly, thus gradually decreasing the drainage. The material is inexpensive, and may be obtained from any dealer in india-rubber goods. —*Phila. Med. Times.*

IPECAC. IN LABOR.—Dr. Pitkin reports (Med. Record) good results from the use of ipecac. in labor, where the pains were irregular and the os rigid and undilatable. He does not think it increases the muscular power of the uterus, but has a specific effect on the rigid os, softening and relaxing its fibers, as well as a coördinating influence on the irregularly contracting uterine muscles, causing them to act in harmony. He gives five grains of the powder, repeating in twenty minutes. J. B. M.

WHAT ARE THEY GOING TO DO?—The graduation of five or six thousand young men during the present spring, the New York Med. Record observes, is an event of deep importance. The New York Times, which always discusses medical matters with more than ordinary fairness and intelligence, has lately applied itself to the problem. According to it, in the United States there is now one physician to every five hundred inhabitants. The ratio of sick to well during the year is estimated at about twenty per thousand, including paupers. This would give about ten patients to each practitioner, but of these many are too poor to pay and many do not call in a physician, so that five or six patients are all that can be allowed for each medical man. Another method of studying the question is as follows: The ratio of deaths for the whole country is not less than twenty per thousand. This would give two hundred and fifty patients a year for each practitioner. But this number must be reduced nearly one half by subtracting those who do not pay and those who are not ill enough to need a doctor. With the present number of practitioners there would therefore be two or three patients a week for each, if they were equally divided!—*Med. Times and Gazette.*

SMALLPOX IN BIRDS.—Dr. Hewson, of Philadelphia, claims that he has traced this disease to the English sparrows' nests. The senior editor of the Pittsburgh Med. Journal has seen the eruption of smallpox among the poultry of a family he was attending for that disease, in 1849. The disease was manifested principally upon the head and comb of the fowl and the parts beneath the bill not covered with feathers. These parts were covered with pustules resembling those met in the human subject, closing the eyes and swelling the head to double its former size. The disease appeared to be contagious, and was quite fatal.—*St. Louis Clin. Record.*

CHLORAL HYDRATE.—Dr. Clemens holds the administration of chloral on an empty stomach to be irrational. Nocturnal administrations as an hypnotic should be preceded by supper. In case of the presence of acid stomach or acid food a solution of carbonate of soda should be taken. Patients using it should be instructed as to their diet. A saturated solution with glycerin is an excellent anodyne in severe toothache from dental caries.—*Allg. Med. Cent. Zeit.; St. Louis Courier of Medicine.*

THE CAUSES OF SEROUS DIARRHEA AND CHOLERA MORBUS IN INFANCY AND EARLY CHILDHOOD.

BY N. S. DAVIS, M.D.*

When it is remembered that one third of the human race perish before they reach five years of age, and that a large percentage of these early deaths are the direct result of attacks of a serous diarrhea and cholera morbus, it will be conceded that no subject is more worthy of careful study than the pathology and prophylaxis of these affections. I mention these together because all measures designed to prevent disease must be intelligently adjusted either to the removal of the causes or to a neutralization of the effects, or else they will fail to accomplish any useful purpose.

Nearly all the public sanitary and hygienic measures of the present day are aimed at the removal or prevention of the disease, both predisposing and exciting. But there are many influences which either predispose to or excite attacks of disease which are not under human control. The problem presented for consideration is not how to prevent or destroy them, but how best to shield the human system from their injurious effects. For instance, bad food may be destroyed and good substituted; bad air in dwellings may be changed by ventilation; soil, wet and of decomposed matter, may be drained and cultivated; but the meteorological conditions of the atmosphere, whether they relate to impurities, sudden and extreme changes, or waves of continuous high or low temperature are not amenable to our control, and yet much can be done to mitigate or prevent their injurious effects.

Nearly all the recent writers on the diseases of children class the cases of serous diarrhea and cholera morbus in children under two years of age, usually called summer complaint and cholera infantum, with local inflammations under the general name of catarrhal gastro-enteritis, and while they all assert that these forms of disease are most prevalent and fatal during the warmest months of summer, they set forth as the chief causes improper feeding, impure and changed milk, impure air, the process of dentition or teething, and overworked, badly-fed and unhealthy mothers. These causes are represented to produce gastric or intestinal indigestion, both of which so increase the irritation of the mucous mem-

* Abstract of a paper read before the Section of Diseases of Children, American Medical Association, St. Paul.

branes as to cause a more or less rapid serous exudation into the gastro-intestinal canal. Indigestion is generally regarded as the cause of the catarrhal irritation, while the cause is the result of bad feeding, impure air, teething, and unhealthy mothers. Bad milk is also alleged to be another cause. Other causes produce similar effects.

Bad milk and food are prevalent in all communities during the winter as well as summer. Children cut their teeth in December as in July, and unhealthy mothers exist during one part of the year as well as another. If any of these causes produced infantile cholera they would be frequent in all seasons. The records show that the prevalence of all grades of these two forms of disease are restricted almost entirely to the time between the last week in June and the last in September. In Chicago, in 1872, the reports of the board of health show eight deaths in April, six in May, twenty-three in June, two hundred and forty-six in July, one hundred and sixty-three in August, sixty-nine in September, thirteen in October, and two during the rest of the year. Other years show the same results, and in all eastern and northern cities the ratio is the same. The diseases prevail little in cities so located that there is only a short range of temperature between the warmest days of summer and the coldest of winter, and where the sea-breezes and other causes make the summer nights cool. The milk distributed in San Francisco and New Orleans is the same as that in Boston or Chicago, and the nursing mothers are no more free from mental and physical infirmities. An examination of the statistics of these several cities shows a ratio of only about five deaths from cholera infantum annually for every ten thousand inhabitants in San Francisco, seven in New Orleans, twenty-five in Boston, and thirty in Chicago. There must therefore be some efficient cause not common in all large cities.

A record of the disease and coincident meteorological conditions of atmosphere was commenced some years ago, and for three years records were kept in Cairo, Davenport, and Omaha. The reports of these records were given in this association and published some years ago, and showed:

First, that the prevalence of the affections under consideration is limited principally to July, August, and September, commencing with the first wave of high atmospheric heat that continues days and nights for more than five days, which in the latitude of Chicago

is sometimes the last week of June, but more frequently the first week in July, and continues more or less during the succeeding ninety days.

Second, that while the deaths from these affections in any city or given community will be nearly the same in the two first months after they begin in July and August, the date of the initial symptoms or beginning of the disease in three fourths of all the cases will be in July, very few originating after the first of August. Many cases commencing in July continue till the months of August or September, causing wasting and death.

Third, that it is not simply high or extreme heat of temporary duration, such as that of a single day or any number of days, with cool nights, which favors the development of the disease, but continuous high temperature day and night for several days; and if in addition to the heat the air be stagnant from lack of winds or obstructions, as in large cities, or from defective ventilation, the effect is greatly increased. This explains why these affections are more numerous and fatal in cities than in rural districts, and why they prevail so little in even large cities located in warm climates provided the location be such as to afford cool breezes at night.

Fourth, that while the great majority of attacks which occur in any given summer are found to have their beginning in July or during the first thirty or forty days after the first wave of protracted high temperature for the season, they are not equally distributed over the whole of the month.

Having thus traced the origin of that part of infantile mortality caused by this disease, let us inquire for a moment how this combination of circumstances can affect the living human body.

We have the physical law that the higher the temperature of the air, the rarer it becomes, and the less oxygen is contained in it. A person breathing at a high temperature would receive less oxygen than at a lower temperature. Stagnant air becomes more rapidly exhausted than moving, and the physical law of expansion by increase applies to the living as well as to dead matter; consequently high heat acting on the living body tends to increase the distance of the atoms from each other and thereby lessen the force of vital affinity, while it increases the excitability or susceptibility to impression. The capacity of the blood for

taking up oxygen or holding it in suspension depends much upon the proportion of saline elements it contains, and under a continuous high temperature the increase of cutaneous exhalation rapidly diminishes the free salts of the blood and lessens the capacity to receive the oxygen from the air-cells of the lungs in exchange for its carbonic-acid gas. Colitis and recto-colitis or dysentery seldom occur until late in the season, when warm days are followed by cool nights and frequent changes from wet to cold occur, and even the indigestion, which has been so generally suggested as a cause of summer complaint, is itself the result of the impairment of natural gastric and intestinal secretions, and the increase of more serous exudation, the primary fault not being so much in the quality of food as in the morbidly sensitive and relaxed condition of the whole inner surface of the digestive canal. The children are affected more than older persons because of the less mature development and greater sensitiveness of their gastric and intestinal mucous membranes and glandular structures and their much more constant confinement indoors. If this is correct it indicates clearly that our efforts to lessen infant mortality from these diseases must embrace such measures as will secure for young children a better supply of fresh, pure air, for increasing the oxygenation and decarbonization of the blood and maintaining the activity of the vasomotor nervous system, and as well, counteracting the effects of high temperature by increasing the general tonicity and lessening the excitability of the tissues generally.

Measures for the first object must consist in securing better ventilation of dwellings, and especially nurseries and sleeping-rooms during the warmest part of the summer, the sending of young children with their mothers and nurses from densely-populated districts to moderately elevated, healthy locations or to floating-hospitals, receiving-ships, or large bodies of water during the special period of high heat. For accomplishing the second purpose I know of no measures that are so efficient and at the same time within the reach of the poorest part of the population as the judicious use of the sponge bath. Whenever the human system is relaxed and rendered morbidly sensitive by continuous high heat, causing the infant to be languid, restless, and sometimes pale, a free bathing or sponging of the whole surface with water simply as cool as is comfortable, always produces a refreshing and in-

vigorating influence, which continues from six to twelve hours. Consequently, mothers and nurses should be so instructed by their family physician that, during every wave or period of high atmospheric temperature in which the mercury did not fall below 70° during the nights, each child under two years of age should be regularly given a full sponge-bath in the evening as well as in the morning, and its sleeping-room kept as freely ventilated as possible. Such a course would diminish the attacks of serous diarrhoea and cholera infantum one half, and consequently very greatly lessen infant mortality from these affections.

It is well known to every careful observer that a large majority of all the attacks of this form of disease show their first beginning during the last half of the night or early in the morning, owing to the long continuance of the high temperature, coupled with the more still and confined air of the night. The increased tone of the whole vascular system produced by the stimulant and tonic effect of a comfortably cool sponge bath on the function of the vasomotor nerves applied in the evening would enable thousands of these little restless sufferers to pass the whole night unharmed, when without it the dread weakness would begin.

The views I have presented in regard to the causes and nature of the affections called summer complaint and cholera infantum also afford clear indications for the most rational and successful explanation of remedial agents in the treatment of those affections in all their grades of activity.

CHICAGO.

Reviews.

The Vest-pocket Anatomist. By C. H. LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine, etc., etc. Eleventh revised edition. Detroit: The Illustrated Medical Journal Company. 1882. Price, 75 cents.

A 16mo, in cloth, of eighty-two pages, handsomely printed, and containing a fund of condensed information which certainly warrants the motto, "*multum in parvo*," found on the title-page. It must have cost its compiler much laborious research.

The text—which is destitute of articles, and beggarly in its array of prepositions and conjunctions—is constructed of the fewest possible words; and though perhaps in the

main full enough to give the student a fair description of each organ named, there may be found a number of places where clearness is sacrificed to brevity. For instance, the stylo-glossus is described as arising from the "outer and anterior center of styloid process;" an absurd statement in the light of simple logic, and one which gives the student no idea of the origin of the muscle, save that it comes from the styloid process. Again, the pterygoideus internus arises, according to our author, from the "pterygoid fossa and tuberosity palate bone," the most important point—the internal surface of the external pterygoid plate—being omitted. It may be argued that this surface looks into the fossa named, but so also does the tuberosity of the palate bone—an insignificant point as compared with the external pterygoid plate. A clearer statement would be the naming of both these points with omission of the more indefinite term pterygoid fossa.

On page 3 we find the masseter thus described: Origin—"Malar process superior maxilla, lower border zygoma;" insertion—"lower half ramus inferior maxilla, outer surface." On page 4 the origin of the constrictor superior is thus treated: "Lower third of margin of internal pterygoid plate, palate and contiguous palate muscles." The orbicularis oris (page 3) is left without any mention of the accessory slips which connect it with the maxillary bones, while the internal and inferior recti take their origin from the optic foramen.

A text-book upon any branch of science should give full answers to the questions of the student. If it does not do this, it leaves him but half informed and often in a confused state of mind. In the above account it will be seen that the origin as well as the insertion of the masseter is but half stated, the origin of the superior constrictor is left without the important note of its attachment to the pterygo-maxillary ligament and inferior maxilla, and the orbicularis without bony connection, while the recti, divorced from the ligament of Zinn, can find no more tangible point than a hole for the fixation of their posterior ends.

Further, turning to his description of bones, we find under ethmoid no allusion to the alae and nasal fissures on either side of the crista galli, and no mention of the notches or grooves which assist in forming the anterior and posterior ethmoidal foramina. Under the head of frontal bone the anterior ethmoidal foramina are named,

while the posterior are not described; but even if these last had been mentioned it would give the student no idea of the situation of these foramina, since they are not in the frontal bone. They appear as grooves merely upon the under surface of the inner margins of the orbital plates of the frontal bone, and, with corresponding grooves on the ethmoid, form the foramina in question when these two bones are articulated.

The same may be said in reference to the pterygo-palatine canal, which our author gives to the palate and sphenoid bones separately, and also of the posterior palatine canal, which is so described as to lead the student to believe that it is a real canal in the substance of both the palate and superior maxillary bones. The insertion of the word groove in place of canal would have eliminated all this obscurity of statement. The mention of the sphenopalatine foramen in the palate bone might also be objected to for reasons similar to the above. The accessory palatine canals, which are really complete in the substance of this bone, are overlooked.

In his description of the temporal bone, our author mentions the jugular fossa, which, with a propriety quite as warrantable as in the above instance, he might have called the jugular or posterior lacerated foramen. When he reaches the occipital bone he notices the corresponding fossa or notch by which this bone in articulation with the temporal forms the foramen in question; but what idea could any student get of the foramen lacerum posterius by reading our author's description of these bones, or what would be his opinion of the meatuses of the nose after reading what is said about them under the head of palate bone?

The tubercles upon the inner margins of the occipital condyles for the attachment of the check ligaments are also omitted; and since they constitute important points of connection between the vertebral column and the occiput, they are of sufficient significance to merit a notice.

Another feature of the work which shows conclusively that the author is a compiler, not an anatomist, is that while founding his work on Gray he repeats the errors of his master with beautiful faith and simplicity. For instance, the dilator naris posterior is said to come from the nasal *notch* of the superior maxilla, when *process* is really the point in question. Again, on page 19, the pronator quadratus is traced to the external border of the radius. Gray says this, 'tis

true; but since he gives the radius no external border in his description of the bone, he has no right to attach the muscle to a point which does not exist. An expert compiler would have detected the error and spared his readers the confusion of thought which such inconsistencies are ever wont to produce.

These mistakes may, however, be excused, since the author candidly admits that he follows Gray, and we can not expect the stream to rise above its fountain; but patience finds its utmost limit of tension when, in the latter part of the book, under the head of "points worth remembering," the author gives us among other items of antiquarian research (a department in which he seems to be specially at home), the startling statement that the *tricuspid valves*, discovered by Erasistratus, a contemporary of Herophilus, are in the *vena cava*!

The Vest-pocket Anatomist is neither better nor worse than many books of its class which attempt to give in epitomy through the work of an inexperienced compiler information which can be found only in the complete works of men who have devoted their lives to the study of the subjects treated of. That these little compilations should have a large sale is natural, since the price is low and by them students are led to believe that there may be some royal road to the temple of knowledge. What teacher of anatomy does not with every college-quiz see with vexation the many Anatomical Remembrancers and Vest-pocket Anatomists which peep half hidden from behind the knees of by far too many students, who compel him to wait while they with downcast eyes find and read from these books their grammarless, incomplete, and often incorrect answers to his questions?

Anatomical Remembrancers and Vest-pocket Anatomists, when scientifically accurate, can serve but one useful purpose, and that is as manuals of reference for one who is already well informed; but the student can no more acquire a knowledge of anatomy from them than he can master a language by conning its dictionary.

By the study of authoritative works, by repeated dissections, and the careful following of the demonstrations of the lecturer only can the foundations of a knowledge of anatomy be fixed in the mind of the student, while makeshifts like the volume under review are but a temptation to laziness and superficiality, or a stumbling-block in his way. The earnest student soon perceives

their worthlessness and lays them aside, but to those who, through indolence or incompetency, neglect the proper study of anatomy they are still a fancied tower of strength; and we venture the assertion, borne out by years of observation as a teacher in this department, and which we believe the experience of every professor of anatomy in the land will confirm, that no Vest-pocket Anatomist or Anatomical Remembrancer ever persistently figured in the college lecture-room or quiz-class which did not have either a dolt or an ignoramus behind it.

Books and Pamphlets.

DISEASES OF THE EAR IN CHILDREN. By Anton von Troeltsch, M.D., Professor in the University of Würzburg. Translated by J. Orne Green, A.M., M.D., Aural Surgeon to Boston City Hospital, etc. New York: Wm. Wood & Co. 1882.

This is a translation from *Gerhardt's Handbuch der Kinderkrankheiten*. The author's world-wide reputation is a guarantee of the authentic character of the work. It is both learned and practical. No exceptions can be taken to the execution and translation.

THE EXPERIMENTAL METHOD IN MEDICAL SCIENCE: SECOND COURSE OF THE CARTWRIGHT LECTURES. By John C. Dalton, M.D., New York: G. P. Putnam's Sons. 1882.

These lectures, delivered in January and February of this year before the College of Physicians and Surgeons, have appeared in the journals and been much admired and commented on. The first gives some historical facts concerning Galvani and the use of galvanism in the study of the nervous system. Lecture second deals with the researches of Buffon and Bonnet in the eighteenth century. Lecture third is entitled *Nervous Degenerations and the Theory of Sir Charles Bell*. In this last we have a clear and interesting summary of the work of Turck, Goltz, and Charcot on the changes taking place in the nervous tracts. The whole is beautifully printed and well bound.

Formulary.

TREATMENT OF EPIDIDYMITIS BY DR. R. F. WIER, IN NEW YORK HOSPITAL.

No remedies for internal administration are mentioned. The local treatment consists in the application of an ointment composed of thirty grains of iodoform to the ounce of glycerin, combined with this may be added one dram of balsam Peru to control the disagreeable odor of the iodoform.

This form of treatment gives very good results. A second plan is to apply a bag of ice to the part.

If this causes pain of the genito-crural nerve, or of the scrotum, a few layers of woolen cloth may be applied between it and the part. If it will do any good, it will be during the first twenty-four hours. If it does not relieve the pain in that time, other treatment should be resorted to.

An old method of treatment was to make a poultice of tobacco and linseed meal and apply to the part. This will relieve the pain. Morphia may be substituted for the tobacco.

Strapping of the scrotum has been suggested in this disease; but compression will do little good, as it will take a long time in any event to get rid of the swelling.—*Medical Gazette.*

CURE OF LICHEN RUBER WITHOUT ARSENIC.

Up to the present it has been the custom to employ arsenic in the treatment of lichen ruber, and several months were required to obtain a complete cure with this medication. Unna asserts that he has obtained results much more satisfactory without having recourse to arsenic. The treatment he recommends consists in frictions with the following ointment over the affected parts:

R Hydrarg. bichlorid..... gr. xv; 1.00 Gm.;
Ac. carbolic. pur..... ʒ vjss; 26.00 Gm.;
Ung. zinci oxid. benzoat. ʒ xvj; 500.00 Gm.

In grave cases this ointment should be used night and morning, the patient being afterward enveloped in woolen coverings. The condition of the mouth during the period this medication is employed should receive great attention, and gargles should be employed to prevent the development of mercurial stomatitis.

To prevent poisoning by carbolic acid the urine should be frequently examined, and as soon as any trace of phenol appears, large quantities of water should be administered.

Very soon after the first friction the painful itching which prevented the patient from sleeping should almost disappear and become supportable.

Under this treatment, out of six patients two were cured after eight days, two others in fifteen days, and the two last, who had suffered from the disease more than a year, in three months.—*Med. and Surg. Rep.*

SYRUP OF CHLOROFORM.

Chloroform..... gtt. xx; 0.44 fl.Gm.;
Alcohol..... ℥ xc; 6.00 fl.Gm.;
Simple syrup..... fl.ʒ iij; 90.00 fl.Gm.

Mix the chloroform and the alcohol, and to the solution add the simple syrup. A good addition to bitter mixtures and drops.

METALLIC FOREIGN BODIES IN THE CORNEA.

Dr. Rodriguez reports the following case: A blacksmith, while forging a piece of iron, received in his left eye a small splinter of the metal, which remained there incrustated in spite of all attempts to remove it. The following wash was then employed:

Rose water..... fl.ʒ iij; 90.00 fl.Gm.;
Iodine..... }
Iodide of potass..... } aa gr. j; 0.06 Gm.

The result was extremely satisfactory. The particle of metal was transformed into a soluble iodide of iron, and all traces of the foreign body disappeared. The cornea regained its normal condition, and vision remained unaffected.—*Jour. de Med. de Paris; Pract.*

Selections.

Effect of Salicylic Acid upon the Nervous System.—Large doses of salicylate produce a powerful effect upon the nervous system; the tendency to this being apparently very strong in certain individuals, as well as generally speaking, in old or feeble persons. It is increased by constipation, or a too free use of the medicine at the outset; toleration being, however, soon established if it be given with caution for a time. The chief nervous phenomena produced by salicylate are flushing of the face with headache, tinnitus aurium, deafness, restlessness, sleeplessness, and delirium. Of these the most characteristic is the tinnitus aurium, and it is generally the first to attract the attention of patients, who described it as being like the sound of a train or like machinery at work. From its being so clearly recognizable by the patient it is a valuable guide as regards the continuance of the drug. I order ten or twelve grain doses of salicylate every hour, "till pain is relieved, or singing in the ears comes on." By this means a very rapid effect is produced on the disease, and without any risk of troublesome toxic symptoms, pain being generally relieved in five or six hours, slight singing in the ears coming on in most cases about the same time. . . . Still larger doses produce restlessness and sleeplessness. All these symptoms rapidly subside on the withdrawal of the medicine. Its further continuance, however, may produce delirium. . . .

Dr. Bastian, in reviewing five cases which occurred at University College Hospital, drew attention to the similarity of the delirium caused by salicylate to that of acute rheumatism; and in both of these again he says that the restlessness, jactitation, extreme loquacity, and wild delirium, accompanied frequently by perspiration, form a picture which is often the facsimile of delirium tremens.

The subsidence of temperature, and with it of the severer rheumatic symptoms, will generally prevent the salicylate delirium from being confounded with that of rheumatism; while the absence of tremulousness in hand or tongue will generally preclude delirium tremens. The delusions and hallucinations produced by salicylate too have generally less of the element of "horror" about them. In a case under my care both the delusions and illusions were of quite an agreeable character. Cases may arise where there is a combination of more than one of these causes; and several of the cases reported as following salicylate have, I think, been really due to rheumatism. Dr. Greenhow had eight cases of delirium in fifty cases, five of which were clearly due to salicylate, but his other three (cases thirty, thirty-nine, and forty-one) were, I think, more probably of rheumatic origin. In case thirty-nine there was pericarditis with pleurisy and crepitation at the base of one lung; while in his other two cases (forty and forty-one) the temperatures were 104.4° and 102.4° respectively, when delirium was noted, and the continuance of the salicylate, even in more frequent doses in the former case, did not increase delirium, which passed off under the use of the drug. Five cases of delirium out of fifty seem a large proportion. Dr. Brown had three cases out of one hundred and nine, and even this smaller proportion may probably be much further reduced, if not entirely done away with, by proper precautions which are now better understood.

Delirium has been said to be caused by uremia, due

to acute nephritis, which sometimes follows the use of salicylate (Murchison); but this is disproved by the occurrence of delirium where there has been no albuminuria whatever (Bastian, Ringer, Greenhow). Dr. Acland, however, still thinks that uremia, due to the great diminution of the amount of urea excreted by patients taking salicylates, "may play an important part in the causation" of the delirium. Dr. Bastian agrees with M. Sée, that the chief action of salicylates is on the nervous system, and that in a patient already predisposed to delirium, the additional toxic state produced by salicylate might suffice to determine the onset of an attack. I think there is little doubt that the direct action of salicylates on the nervous system is sufficient to account for the delirium, apart from either albuminuria, uremia, or a rheumatic complication, though the presence of any of these might doubtless act as predisposing causes, and tend to aggravate the symptoms.

The amount of salicylate which will produce delirium varies greatly in different cases, much depending on the mode of administration. In one of the cases commented on by Dr. Bastian, delirium occurred after three fifteen-grain doses, given every three hours, a most unusual event after such a small amount. In almost all the reported cases it has come on early, frequently within twenty-four, but almost always within forty-eight, hours of the commencement of treatment. Dr. Fowler attributes the delirium to an impurity in the salicylate of soda as generally sold, and says that the natural salicylate made from wintergreen never produces it. Drs. MacLagan and Charteris state that salicine never causes delirium.

It is important to note that in all the cases where full notes are given, tinnitus, deafness, quickened respiration, headache, restlessness, and sleeplessness were all, or most of them, observed before delirium; and its prevention is, I believe, almost certain if salicylate be given in frequent small doses, and discontinued for a time on the first appearance of tinnitus. Dr. Prideaux thinks that the use of salicylate of ammonia, or the addition of carbonate of ammonia to the salicylate of soda, lessens the risk of toxic symptoms.

Should delirium occur, the medicine should at once be withheld, and elimination through the kidneys promoted by copious cool drinks, such as lemonade with cream of tartar. Tea and coffee are valuable, and stimulants should be given if required. In severe cases excitability is best reduced by bromide of potassium and chloral, to which opiates have in some cases been added with good effect; though they might be supposed to be contra-indicated on *a priori* grounds as being likely to diminish the urinary secretion.—*C. S. Clouston, M.D., in Lond. Pract.*

Omphalitis and its Complications.—Anna Lukens, M.D., Resident Physician to the Country Branch of the Nursery and Child's Hospital, Staten Island, treats of omphalitis of the new-born in a paper published in the June number of the New York Med. Journal and Obstet. Review. After giving an illustrative case, she remarks that the disease is of rare occurrence, but that it is said to occur even during fetal life, by the movements of the child causing traction upon an unusually short cord, or one that is wound around the body of the fetus. As described by Hennig, there are four varieties:

1. A mild form, in which the naval is prominent, the surrounding skin is reddened, the abdomen is distended, and, when the abdominal walls are thin,

the vein can be felt as a cord extending from the liver to the umbilicus.

2. In the second, or severe form, the navel is infiltrated and surrounded by a reddish-blue circle. Erysipelas frequently occurs and extends over the abdomen and the lower extremities. There is greater distension of the abdomen, even when peritonitis does not occur, than in the mild form. The urine is sometimes bloody and icteric. The stools are greenish or bloody. Movements of the inflamed navel are painful, and may cause convulsions or trismus. Recovery is rare in the severe cases, but may occur after the disease has continued two or three weeks.

3. The third variety is the croupous or diphtheritic. The peritoneum behind it is usually involved in the inflammation, and frequently the contiguous coil of intestine.

4. The fourth variety consists of an inflammation of the tissues surrounding the umbilical vessels within the abdominal cavity, and often accompanies puerperal disease. It is usually limited to the vicinity of the navel, but may extend along the course of the umbilical vein to the capsule of Glisson. Early in the disease the umbilical vessels are not affected, but they subsequently participate in the inflammation, and necrosis may occur from compression by the shrinking exudation. The peritoneum is at first only locally injected; afterward a yellowish infiltration separates it from the posterior wall of the umbilical fossa.

Omphalitis may occur primarily, or secondarily to other diseases. It is attributed sometimes to anomalies in the closure of the navel, to rough handling, to uncleanliness, to impure air, or to puerperal infection. Peritonitis and thrombosis of the umbilical vessels, with subsequent phlebitis and arteritis, are frequent complications. Umbilical hemorrhage, icterus, and pyemia may also occur. Umbilical phlebitis may be produced by purulent matter entering the vessels from the fossa of the umbilicus, also by traction on the cord or tight bandages, or it may be secondary to omphalitis when non-involution of the umbilical vein exists. Thrombosis sometimes has an intra-uterine origin. Inflammation of the umbilicus, and especially of the outer walls of the umbilical vessels, is an important factor in causing non-involution. Besides other causes, thrombosis may also be due to defective nutrition of the vascular walls themselves, arising from a general septic poisoning, causing pyemia or septicemia; whereas, on the one hand, thrombosis may occur from septic absorption, so, on the other, there may be general septic poisoning after involution of the vessels, when no thrombosis can occur. The infection may be limited by thrombosis *in situ* of the umbilical vein, just as the uterine lymphatic glands may sometimes limit the diffusion of poison in puerperal infection. The principal danger in thrombosis of the umbilical vessels is the softening and breaking up of the coagulum, with the formation of distant emboli. As the umbilical vein is, of all the blood-vessels peculiar to fetal life, the first to undergo involution, and is even at birth sometimes found considerably contracted, softened clots can rarely be admitted to the venous blood through the ductus venosus. Even an embolus in the liver is an exceptional occurrence. A coagulum at the entrance of the umbilical vein into the portal vein has been frequently observed, but is believed to be a local thrombosis and not an embolus. Thrombosis sometimes, though rarely, extends from the umbilical vein into branches of the portal vein.

In regard to the pathological anatomy of umbi-

ical phlebitis, the vein frequently presents a hard, cord-like feeling, the walls being thickened and often unevenly dilated. The contents may consist of simple disintegrated coagula or of uniform laudable pus. Sometimes the pus column is separated by cheesy masses. Occasionally a pseudo-membrane is found lining the vein. The internal and middle coat finally dissolve into a mass of white blood corpuscles. The liver is sometimes, though rarely, affected. Bednar once found, in umbilical phlebitis, the hepatic vein inflamed, and nearly all its branches filled with pus, which, on section of the liver, flowed out in great quantities. Emboli in the hepatic branches of the portal vein have not been clearly demonstrated. When inflammation of the connective tissue around the umbilical vein extends to the capsule of Glisson, the latter becomes swollen and infiltrated. The inflammation may extend to the hepatic parenchyma, and by compression of the bile-ducts produce mechanical icterus, which assumes, however, the malignant form. The symptoms of phlebitis are a cyanotic or icteric hue of the surface. Pemphegus vesicles and hemorrhagic abscesses are frequent. Gangrene, especially over the sacrum and of the navel, may occur. The purulent contents of the vein can sometimes be pressed out through the umbilical fossa. The umbilicus becomes prominent and indurated. The cord may have fallen or be still adherent. The inflamed vein can sometimes be felt through the abdominal wall. Next to peritonitis, meningitis is the most frequent complication. Peritonitis may be circumscribed or general. The peritoneal fold surrounding the umbilical vein is often the starting-point of the inflammation. Phlebitis is often only recognized after the appearance of purulent infection. It occurs between the first and twenty-eighth days, most frequently on the seventh. The fatal termination may be either from general septic poisoning, from peritonitis, from embolic infarction and metastatic abscesses, or from thrombosis in important vascular territories. Inflammation of the umbilical arteries may be confined to the seat of the coagulum, the remaining portion of the vessel being contracted or even closed. The coats of the vessels become swollen and gradually disintegrate, and finally perforation occurs. The diverticulum is the seat of the principal changes, which readily extend to the surrounding tissue. Arteritis may occur after the umbilicus is almost or entirely healed, and the latter may afterward begin to protrude, inflame, and suppurate. Pus can sometimes be pressed out by making pressure upward from the bladder. At times there is retention of urine, with painful micturition and sensitiveness in the region of the bladder. Icterus and peritonitis may occur, but belong more particularly to phlebitis.

The contrast between arteritis and phlebitis is striking. Arteritis is rarely accompanied by fever, icterus, or pyemia, and is almost always cured. Phlebitis has all the above-mentioned complications, and is almost always fatal. Arteritis is rarely a cause of general infection, but pyemia may occur by purulent matter from the arteries being taken up from the umbilical fossa by the vein. This occurs more easily when the navel has been closed or healed over. Or infectious material could pass, in the opposite direction, into the pelvic blood-vessels, and from these into the general circulation. The neighboring lymph vessels can also take up molecular detritus and carry it into the circulation. Thrombosis of the ductus Botalli has been observed in arteritis, but oftener in phlebitis.

Sequelæ of Circum-uterine Inflammation—Salpingitis—Chronic Dilatation of Fallopian Tube.—Prof. Jenks, of Chicago, in a clinical lecture, presented to his class a young unmarried woman, who, although she denied ever having been pregnant, presented all the signs of having been in that condition. She was very debilitated, complained of pain in her back, hypogastrium and right inguinal region. She stated that two and a half years before, she had had a severe illness for several days, suffered severe pains in the lower and right portions of her abdomen, with fever, chills, and tympanitis. Since then she had had similar attacks (but none so severe), during which she had complained of constant pain accompanied by leucorrhea. The time of occurrence and quantity of menstrual flow was irregular, abdomen tender and tympanitic. Cervix uteri lacerated and tender, body increased in size, tender, and not as movable as normally; roof of vagina also tender to touch. By aid of speculum, the os uteri was found gaping and filled with mucus, presenting a condition similar in appearance to the so-called granular erosion, but, due to laceration. Passing a flexible probe to the depth of three inches, the fundus was reached. It was possible, by turning the point of the probe to the right of the median line, to pass up four inches further without danger of doing harm.

It remained then, to decide (as is the case in a non-gravid uterus, which this was) (1) whether a uterine tumor caused elongation of the canal, (2) whether the probe passed through the uterine tissues into the peritoneal cavity, or (3) whether the probe passed into a dilated fallopian tube. The fundus was determined by transmission of impulse given by the probe. The probe on the left side, did not as on the right, pass an additional distance of four inches. By manual examination the uterus was found very little changed from its normal position. Being positive that the probe did not pass into the peritoneal cavity, there remained but one other route possible for it to take; namely, the right fallopian tube. The diagnosis then made was salpingitis, succeeded by chronic dilatation of the tube. The uterus was in a condition of subinvolution and there was a uterine catarrh. Both were aggravated and maintained by the laceration of the cervix. Also the condition of the uterus and soft parts was due to several attacks of severe acute inflammation, which, if not due directly to a puerperal disease in consequence of parturition, she was predisposed to be subsequently attacked by it.

Salpingitis is not always ultimately followed by dilatation, but partial or complete contraction may result, rendering the patient liable to dysmenorrhea or sterility. Dilatation occurs consequent to acute or chronic endometritis, acute salpingitis, chronic uterine catarrh, complete vulvar, vaginal or uterine atresia. Cases of dilatation of the fallopian tubes, diagnosed by means of the probe are recorded, which were under the observation of very distinguished men. Notwithstanding, in consequence of the very limited amount of literature on this mode of diagnosis, men who were considered high in authority, were inclined to doubt.

Over such a woman the danger of recurrent acute inflammation of the circum-uterine tissues especially, and most dangerous inflammations of the pelvic peritoneum constantly impends. As time and perfect rest of all the generative organs are of major importance, very little active treatment is required. If, though, the symptoms indicate any pelvic inflammation, hot fomentations, leeches, opium, and hot vaginal injections should be resorted to; the latter cautiously, in

the recumbent posture, because of the possibility, in the impaired condition of the tubes, of fatal consequences.

The lecturer referred especially to the advantages of the flexible probe in diagnosing this condition. He says, "The stiff unyielding sound would doubtless fail to reveal the condition of the tube. The probe to be used should be either of pure silver or some flexible material." When the point of the probe reaches beyond the os a distance of several inches, the most frequent cause for such elongation is a uterine tumor. He has himself had a patient, who from this fact alone was said to have a tumor within the womb, yet he had failed to find any, but discovered that the probe passed into a dilated fallopian tube.—*G. H. G., in Obstetric Gazette.*

Simple Method for the Cure of Ozena.—Dr. Gottstein (*Gaz. Med. di Roma*) considers ozena as a constant symptom of chronic coryza. There is no doubt that, after interference with the function of the glands, there is a diminution and alteration of the nasal secretion. Part of it, drying rapidly, adheres to the mucous membrane on which it forms crusts, and it is the decomposition of these which is the cause of the odor. It is therefore only necessary that a limited portion of the mucous membrane should undergo atrophy to give origin to an ozena. In adopting this theory it is evident that there can be no question of radical cure, since it can not be hoped that the secretion of an atrophied mucous membrane can ever become normally reestablished. We must therefore be satisfied with that treatment of the symptoms which is the most simple and convenient for the patient.

The author was led by chance to employ the following method, from which he has already in fifteen cases of ozena seen the best results to follow in less than three months: Dr. Gottstein commences the treatment with a nasal douche, which, by freeing the cavity of its secretions, permits the recognition of the character of the mucous membrane and the extent of the lesion. This is followed by the introduction of a tampon of cotton, three to five centimeters (one and one fifth to two inches) long, which should remain in position for twenty-four hours. About an hour and a half after the introduction of the cotton, there is a little secretion from the nose. When the tampon is withdrawn the secretion is found to be fluid and without crust or odor. Twenty-four hours can be allowed to elapse between two applications of the tampon. When both sides of the nose are affected, the nose can be tamponed every twenty-four hours on the alternate sides. The tampons cause an artificial contraction of the cavities, and so increase the action of the column of air and facilitate the expulsion of the secretions, which are absorbed as rapidly as they are formed, and their desiccation is thereby prevented.—*L'Union Med.; London Pract.*

The Local Temperature of the Joints.—M. Nicaise, reporting to the Société de Chirurgie upon a work by M. Redard (*Union Méd.*), On the Local Temperature of the Joints in the Normal and Pathological Conditions, observes that there is a great difficulty in constructing instruments sufficiently perfect for this kind of investigation. Fortunately, in practice, this extreme precision is not generally necessary, and an examination by the hand (which may be specially educated to this end) usually suffices for the discovery of an inflammatory or irritative process, and especially if the symmetrical region is also ex-

plored. M. Redard shows that in the normal state the temperature of the skin over the joints may vary from 4° to 6°, according to the external temperature, and accordingly as the region is protected or exposed to the air. It diminishes as we recede from the trunk, and it is higher in the direction of flexion and near the great vessels; movements also affect the temperature of the joint and of the corresponding limb. In the pathological condition the examination is only useful when the joints are superficial, the hip-joint and shoulder being too deeply situated; but M. Nicaise observes that in acute arthritis of the shoulder the temperature of the entire region becomes raised.

M. Redard states that when the temperature of joints continues high, although the limb seems to have returned to its normal condition, this indicates that inflammation still persists. In traumatic arthritis the temperature may rise two or three degrees, but the local temperature never rises above the general. In hydrarthrosis, and in effusion following fracture, there is always an increase of temperature, showing that there is not a mere infiltration into the joint. The existence of foreign bodies is often accompanied by an elevation, which is only slight in dry arthritis. But in white swelling it is more considerable, and not alike around the whole joint, being higher at points where the inflammatory action is most active. In old ankyloses there is often an elevation of one degree, and this furnishes a very important rule in therapeutics, the utility of which M. Nicaise has often witnessed—viz. that we should wait before imparting movement to an ankylosed joint until the local temperature has descended to its normal figure. In the same way, in old sprains, unsuspected persisting inflammation may be detected by the temperature remaining high.—*Med. Times and Gazette.*

Nitrite of Amyl in Fatty Degeneration of the Heart.—Dr. Kulz administers nitrite of amyl in those cases where, on account of fatty degeneration of the heart, it would be imprudent to give digitalis, which by contracting the small vessels might increase arterial tension and cause arrest of the heart. It will always be useful to be able to hold back a remedy like digitalis capable of exciting the vitality of the muscular fibers which are still normal, and await the proper moment of administering it, so as to avoid the sudden deaths unfortunately so frequent. The author employs nitrite of amyl in numerous nervous troubles, painful or spasmodic. He does not recommend it in hysteria or epilepsy, but finds it particularly useful in incipient cardiac paralyses, as it produces peripheral hyperemia, and diminishes arterial tension at the same time it causes the heart to contract.—*London Pract.*

Septic Nature of the Lochiæ.—F. Karewsky has made experiments with lochial discharge upon animals, and draws the following deductions: 1. All lochial fluids, both normal and septic, are capable of exciting in animals septic and ichoremic affections. 2. The virulence of lochiæ grows with the length of childbed and puerperal troubles. 3. The septic symptoms seemed to depend on spherical micro-organisms found in infected localities. 4. Infections thus produced can be transmitted to other animals. The author is of opinion that the micrococci are furnished by the atmosphere, and find in the vagina favorable conditions for their development and propagation. The diseases thus excited are of the same character, but different in intensity.—*St. Louis Clin. Record.*



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